

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY <u>Garrett</u> <u>Mt. Lake Park</u> <u>MARYLAND</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> <u>Garrett</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Mrs.</u> (First) <u>Annie</u> (Middle) <u>May</u> (Last) <u>Bradford</u>		4. DATE OF DEATH (Month) <u>3/19</u> (Day) <u>1951</u> (Year) <u>19</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3/5/1905</u>
9. AGE last birthday <u>46</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	
11. BIRTHPLACE (State or foreign country) <u>Mt. Lake Park, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Otto Frederick Kloepfel.</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Hannah Miller.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Robert Bradford, Oakland, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Chronic Bronchitis, Asthma</u>		<u>3 months</u>
Antecedent cause(s) (b) <u>High Blood pressure, and Bronschial Asthma</u>		<u>for years</u>
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <u>Indigestion, Chronic</u>		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chronic Nephritis and Chronic cystitis</u>
---	--	---

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8-46 1946, to 3-19-51 1951, that I last saw the deceased alive on 3-19-51, 1951, and that death occurred at 5:25 A.m., from the causes and on the date stated above.

SIGNATURE <u>Julius G. Howan</u>	(Degree or title)	ADDRESS <u>Oakland, Md.</u>	DATE SIGNED <u>3-21-51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3/21/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	LOCATION (City, town, or county) (State) <u>Oakland, Md.</u>
DATE REC'D BY LOCAL REG. <u>3-21-1951</u>	REGISTRAR'S SIGNATURE <u>Julius G. Howan</u>	24. FUNERAL DIRECTOR <u>Emory D. Bolder</u>	ADDRESS <u>Oakland, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

02637
166

1. PLACE OF DEATH- COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Oakland (Rural)</u> TOWN <u>Oakland (Rural)</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>10 yrs.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u> TOWN <u>Oakland</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Eliza Lydia Margaret Dyke</u>		(First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 30, 1866</u>	9. AGE last birthday <u>84</u> yrs.	10. If under 1 year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>William Hahn</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Fike</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. (If year, give war or dates of service)		17. INFORMANT <u>Mrs. Cyrus Wolfe (sister)</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Arteriosclerotic heart disease</u>		<u>5 yrs.</u>
Antecedent cause(s) (b) <u>Diabetes Mellitus</u>		<u>20 yrs.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Arteriosclerotic encephalopathy</u>		<u>10 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from....., 1936, to 3/15, 1951, that I last saw the deceasedalive on 2/21, 1951, and that death occurred at 7 a.m., from the causes and on the date stated above.SIGNATURE Harold C. Miller, M.D. ADDRESS Eggleston, W.Va. DATE SIGNED 3/15/51

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE <u>March 18, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Wolfe Cemetery</u>	LOCATION (City, town, or county) <u>Red House, Md.</u>
DATE REC'D BY LOCAL REG. <u>3-18-1951</u>		REGISTRAR'S SIGNATURE <u>Julia Brown</u>		24. FUNERAL DIRECTOR <u>Wayne C. Spiggle</u> ADDRESS <u>Doris, W.Va.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 29 1950
HEAD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02638

Reg. Dist. No. 162

1. PLACE OF DEATH- COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident HOSPITAL OR INSTITUTION OR STREET ADDRESS -----		MARYLAND LENGTH OF STAY (If at this place) 60 yrs		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident STREET ADDRESS ----- (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) William (Middle) Gustav (Last) Fratz		4. DATE OF DEATH (Month) March (Day) 22 (Year) 1951			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/26/1887	9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Conrod Fratz		14. MOTHER'S MAIDEN NAME Elizabeth Leinsetter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-28-2477		17. INFORMANT AND ADDRESS Mrs. William Fratz Accident, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary occlusion

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/12**, 19**51**, to **3/22**, 19**51**, that I last saw the deceasedalive on **3/22**, 19**51**, and that death occurred at **11:15A.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Burial **3/25/1951** **German Lutheran Cemetery Accident, Md.****Mar. 29-51** **Elmer Broadwater** **Richard C. Reigleton** **Oakland, Md.**

100105

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Ross St. Clair
Rumbaught
Meyersdale



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02639

Reg. Dist. No. 161

1. PLACE OF DEATH:

County Garrette
 City or town Friendsville Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrette
 City or town Friendsville Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Oliver F Frazee

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

6. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.)

about 1873

8. AGE:

Years

Months

Days

It less than one day

7746

hrs.

min.

9. Birthplace

Hazleton Preston Co W.Va

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Own Farm

MOTHER FATHER

12. Name

William W Frazee

13. Birthplace

Maryland

14. Maiden name

Elma Spurgen Frazee

15. Birthplace

W.Va

16. Informant

Address

Paul C. Frazee
Friendsville Md Rural

17.

(Burial, cremation, or removal. Which?)

Date thereof

Mar 26 1951

(month) (day) (year)

Cemetery or crematory

Ashers Glade Cem-

Location

Near Markleysburg Pa

18. Funeral director

Address

Brandonville W.Va

19.

(Date rec'd by registrar)

March 261951
Rothrup Fike

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 19 51 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar-21-1951 to Mar-24-1951
and that I last saw him alive on Mar-21-1951

Immediate cause of death

Hemiplegia - (LFT)

DURATION

9

Due to

Arterio Sclerosis2

Due to

Hypertension2

Other conditions

334x

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. B. Messmore M.D.

M. D. or other

Address

Addison - PaDate signed 3/26/51

100105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02640/66
Reg. Dist. No.

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) MT. LAKE PARK	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) ORVIL	(Middle) E.	(Last) FRIEND
4. DATE OF DEATH	(Month) MARCH	(Day) 3	(Year) 1951
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH MAR. 30, 1886
9. AGE last birthday 64 yrs.		10. BIRTHPLACE (State or foreign country) MARYLAND	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME NEAL FRIEND		14. MOTHER'S MAIDEN NAME JENNIE FRIEND Md	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. Orvil Friend, Mt. Lake Park			

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Heart Failure	5 days
Antecedent cause(s) (b) Repeated cerebro-vascular accidents	Indefinite
(c) Acute Bronchitis	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 1948**, to **3 March 1951**, that I last saw the deceased alive on **3 March 1951**, and that death occurred at **2:05 p.m.**, from the causes and on the date stated above.

SIGNATURE Thomas L. Lushy M.D.		ADDRESS Oakland, Md.	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 3/6/1951	NAME OF CEMETERY OR CREMATORY Blooming Rose Cemetery	LOCATION (City, town, or county) (State) Friendsville, Md.
DATE REC'D BY LOCAL REG 3/6/51	REGISTERAR'S SIGNATURE Julius A. Howard	24. FUNERAL DIRECTOR Wm. D. Bolden	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

RECEIVED
MAR 12 1951
BUREAU 7. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02641 166

1. PLACE OF DEATH - COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) Oakland TOWN Oakland HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) Oakland TOWN Oakland STREET ADDRESS (If rural, give location) Cuppett Nursing Home	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Latitia Matheny Haskel		4. DATE OF DEATH (Month) (Day) (Year) March 16, 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 4/16/1880
9. AGE last birthday 70 yrs.		10. If under 1 year (Month) (Day) (Hour) (Min.) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Alfred Matheny		14. MOTHER'S MAIDEN NAME Nancy Ann Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. -----	
17. INFORMANT AND ADDRESS Homer Matheny Albright, W. Va.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause

(a) **Cerebro Vascular Accident**

INTERVAL BETWEEN ONSET AND DEATH

7 Mar 51?

93d Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) **Hypertensive Cardiovascular Disease**

?

(c) **Senility**

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify)
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☒

22. I hereby certify that I attended the deceased from **28 June 1950**, to **16 Mar 1951**, that I last saw the deceased

alive on **9 Mar 1951**, and that death occurred at **4:10 P.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.
3-19-1951

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

John Sines Cemetery Garrett Co., Md.
Julius H. Homan
Herbert P. Leighton **Oakland, Md.**

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 29 1951
SI DEAU V. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02642

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY <u>Garrett</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Allegheny</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mt. Lake</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mt. Savage</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Keyser Nursing Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Frank</u>	(Middle)	(Last) <u>Kroll</u>
6. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 5, 1864</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mine</u>	11. BIRTHPLACE (State or foreign country) <u>Austria</u>
13. FATHER'S NAME <u>Not Known</u>		14. MOTHER'S MAIDEN NAME <u>Not Known</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>00</u>	17. INFORMANT AND ADDRESS <u>James Powers, Mt. Savage, Md.</u>

18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Heart failure</u>		<u>4-5 day</u>
(b) <u>Art. C. V. D.</u>		<u>7 years</u>
(c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Feb., 1951, to 6 Mar., 1951, that I last saw the deceased

alive on Mar. 5, 1951, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas A. Lushy M. D. Baltimore, Md. 6 Mar 51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3/9/51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Patricks Cem</u>	LOCATION (City, town, or county) (State) <u>Mt. Savage, Md.</u>
DATE REC'D BY LOCAL REG. <u>3/9/51</u>	REGISTRAR'S SIGNATURE <u>Julia A. Brown</u>	24. FUNERAL DIRECTOR <u>Ellsworth S. Boal</u>	ADDRESS <u>Westernport, Md.</u>

650316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1951
BUREAU 4.5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02643

Reg. Dist. No. 162

1. PLACE OF DEATH- COUNTY <u>Garett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Grantsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Joseph</u> (Middle) <u>L</u> (Last) <u>Livengood</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>1</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-30-1877</u>
9. AGE last birthday <u>73</u> yrs.		10. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming-retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm work</u>	
11. BIRTHPLACE (State or foreign country) <u>R.D.1 Salisbury Pa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Eliza Livengood</u>		14. MOTHER'S MAIDEN NAME <u>Carline Yoder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u> </u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>185-18-0718</u>	
17. INFORMANT AND ADDRESS <u>Carlton Livengood-Bedford Pa</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
422.2 Immediate cause (a) <u>Chronic interstitial Nephritis</u>				3 yrs	
131a Antecedent cause(s) (b) <u>Chronic Myocarditis</u>				" "	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u> </u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <u> </u> PLACE (Home, farm, factory, street, OF office bldg., etc.) <u> </u> (CITY OR TOWN) <u> </u> (COUNTY) <u> </u> (STATE) <u> </u>		INJURY		HOW DID INJURY OCCUR? <u> </u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u> </u> m.		INJURY OCCURRED While at <input type="checkbox"/> Work <input type="checkbox"/> Not While At work <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from July 1, 1950 to Mar 1, 1951, that I last saw the deceased alive on Feb 25, 1951, and that death occurred at 3:00 P.M. m., from the causes and on the date stated above.

SIGNATURE M. R. Davis M.D. ADDRESS Grantsville Md DATE SIGNED Mar 2 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>3-3-1951</u>	NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	LOCATION (City, town, or county) <u>Salisbury Pa</u>	(State) <u> </u>
DATE REC'D BY LOCAL REG. <u>March 3/51</u>		REGISTRAR'S SIGNATURE <u>Ethel B. Woodward</u>		24. FUNERAL DIRECTOR <u>Wm. Winterberg</u> ADDRESS <u>Grantsville Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

RECEIVED
MAR 5 1951
BUREAU W. B.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

02644

172

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Shallmar</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Shallmar</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>JAMES</u>	(Middle)	(Last) <u>MEEK</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Dec. 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during <u>lifetime</u> working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mines</u>	9. AGE last birthday <u>73</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Mins.
11. BIRTHPLACE (State or foreign country) <u>Barton, Md.</u>		12. CITIZEN OF WHAT COUNTRY <u>God. Natl.</u>	
13. FATHER'S NAME <u>John Meek</u>		14. MOTHER'S MAIDEN NAME <u>Ellen -</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>216-01-4826</u>	
17. INFORMANT <u>Papers in his possession</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Heart Failure</u>	<u>?</u>
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Bronchitis</u>	<u>2 weeks?</u>
(c) <u>Debility & Senility</u>	<u>?</u>

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>no injury</u> (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>Thomas F. Bushy M.D. (Acting Examiner)</u>	DATE SIGNED <u>26 Mar 51</u>
23. BURIAL, CREMATION, or other (Specify) <u>Burial</u>	DATE THEREOF <u>Mar. 29 / 51</u>
NAME OF CEMETERY OR CREMATORY <u>Laurel Hill</u>	LOCATION (City, town, or county) (State) <u>Barton, Alleg. Co., Md.</u>
DATE REC'D BY LOCAL REG. <u>3/27/51</u>	24. FUNERAL DIRECTOR <u>Otha F. Sharpless, Blaine, W. Va.</u>
REGISTRAR'S SIGNATURE <u>AWB</u>	ADDRESS

650216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 11 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02645 166

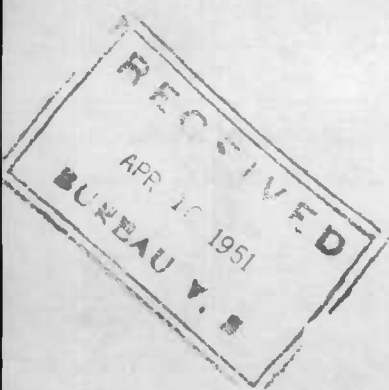
1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>Oakland</u> , <u>MARYLAND</u>			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, Oakland</u>			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oakland, Md., Rd. #1.</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) (First) <u>Gertrude</u> (Middle) <u>Ruth</u> (Last) <u>Mullikan.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/30/1951</u> 19		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/18/1914</u>	9. AGE last birthday <u>36</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hoyes Run, Md.</u>
13. FATHER'S NAME <u>Richard Sines</u>			14. MOTHER'S MAIDEN NAME <u>Minnie Vansickle.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>			16. SOCIAL SECURITY No. <u>none</u>		
17. INFORMANT AND ADDRESS <u>Frank Mullikan, Oakland, Md.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				2 yrs.	
Immediate cause (a) <u>Sumner's Disease</u>					
Antecedent cause(s) (b) <u>272x</u>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>62</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Apr 16, 1948</u> to <u>March 29, 1951</u> , that I last saw the deceased alive on <u>March 29, 1951</u> , and that death occurred at <u>7:00 p.m.</u> from the causes and on the date stated above.					
SIGNATURE <u>E. J. Baumgartner</u>		(Degree or title) <u>MD</u>		ADDRESS <u>Oakland, Md.</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE <u>4/3/1951</u>		NAME OF CEMETERY OR CREMATORY <u>Hoyes Run, Family Cem</u>	
LOCATION (City, town, or county) <u>Oakland, Md.</u>		(State) <u>Md.</u>		24. FUNERAL DIRECTOR <u>Emory D. Bolden</u>	
DATE REC'D BY LOCAL REG. <u>4/3/51</u>		REGISTRAR'S SIGNATURE <u>Julia K. Brown</u>		ADDRESS <u>Oakland, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02646/66

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL OAKLAND, MARYLAND		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) BABY (Middle) BOY (Last) NAIR	4. DATE OF DEATH (Month) MARCH (Day) 2 (Year) 19 51	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH FEBRUARY 23, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 8 yrs. If under 1 year Months 8 Days 8 If under 24 hrs. Hours 8 Min.
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HAROLD WRIGHT NAIR		14. MOTHER'S MAIDEN NAME BETTY JANE STEWART	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war, or dates of service) NO		16. SOCIAL SECURITY No. NONE	
17. INFORMANT AND ADDRESS HAROLD NAIR, OAKLAND, MD. (FATHER)			

18. MEDICAL CERTIFICATION

270x Immediate cause (a) **Hyperinflationism**
 66b Antecedent cause(s) (b) **8 day**
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **23 Feb.**, 19**51**....., to **Mar 2**., 19**51**....., that I last saw the deceased alive on **2 Mar.**, 19**51**....., and that death occurred at **10:05 A.**m., from the causes and on the date stated above.
 SIGNATURE **a.s. Hanner M.D.** (Degree or title) ADDRESS **Oakland Md** DATE SIGNED **2 Mar 51**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF March 2-1951	NAME OF CEMETERY OR CREMATORY Oakland	LOCATION (City, town, or county) Oakland Md (State)
DATE REC'D BY LOCAL REG. 3/2/51	REGISTRAR'S SIGNATURE Julia Hanner	24. FUNERAL DIRECTOR Emory Bolden	ADDRESS Oakland Md

2-0-2-23-1-2-5-2-3-4-4.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAR 12 1951

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
in 8 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

02647

No. G 132 APR 9 1951

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY <u>Barrett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Same</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Oakland</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Same</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Manhattan Hotel</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u> (First) <u>Watson</u> (Middle) <u>RANDALL</u> (Last)		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/18/1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE last birthday <u>72</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Fairmount, W. Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Felicianus Lamb Watson</u>		14. MOTHER'S MAIDEN NAME <u>Jane Fleming</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>George W. Randall</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

472.1 Immediate cause

(a)

Heart Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Pharyngitis & Rhinitis

(c)

3/19/51?

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS

PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH none

PLACE (Home, farm, factory, street, office hldg., etc.)

INJURY none

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY none m.INJURY OCCURRED While at work noneHOW DID INJURY OCCUR? none

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Thomas F. Lushy M.D. (Acting Examiner) Oakland, Md. 23 Mar 51

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF 3/25/1951NAME OF CEMETERY OR CREMATORY German CrematoryLOCATION (City, town, or county) Pittsburgh, Pa.

(State)

DATE REC'D BY LOCAL REG. 3/24/51REGISTRAR'S SIGNATURE Julia G. Nowan24. FUNERAL DIRECTOR Emory S. BoldenADDRESS Oakland, Md.

VVVVVV



02648

166

Evidence for change
in 9 shown on:

No. G 132 APR 9 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY

Garrett Accident, MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)LENGTH OF STAY
(In this place)
8 MonthHOSPITAL OR
INSTITUTION OR
STREET ADDRESS2. USUAL RESIDENCE (HOME) OF DECEASED
STATE

Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN RuralSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED
(Type or Print)

(First)

(Middle)

(Last)

Mary

Marie

Tasker Wilson

4. DATE
OF
DEATH

(Month)

(Day)

(Year)

March 13

1951

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

Married

8. DATE OF BIRTH

8/27/1884

9. AGE last birthday

55 56 yrs.

If under 1 year

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

House wife

11. BIRTHPLACE (State or foreign country)

Mt. Lake Park, Md.

12. CITIZEN OF WHAT
COUNTRY?

U.S.A

13. FATHER'S NAME

James Tasker,

14. MOTHER'S MAIDEN NAME

Eleanor Shrout.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Wm. Tasker, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b)

Hypertension

(c)

INTERVAL BETWEEN
ONSET AND DEATH

3 hr

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.PLACE (Home, farm, factory, street,
OF office hldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Not while
work ☐ at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted
from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

E. J. Baumgarten M.D.

Oakland Md

3/13/51

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial

3/16/1951

Oakland Cemetery

Oakland, Md.

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

3/16/51

Julia A. Rowan

Eugene D. Bolden

Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 29 1951
BUREAU V. S.